

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4	1					
5		1				
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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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44				
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48				
49				
50				
TOTAL IND.	2			
TOTAL DEP.	6	↔	↔	↔
TOTAL CLAIMS	8	↔	↔	↔

94				
95				
96				
97				
98				
99				
100				
TOTAL IND.				
TOTAL DEP.		↔		↔
TOTAL CLAIMS		↔	↔	↔